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Item 3 of the provisional agenda*
Follow-up actions to the recommendations of the International Conference on Population and Development

Statement submitted by the International Planned Parenthood Federation, a non-governmental organization in consultative status with the Economic and Social Council

The Secretary-General has received the following statement, which is being circulated in accordance with paragraphs 36 and 37 of Economic and Social Council resolution 1996/31.

* E/CN.9/2008/1.

08-22038 (E) 120208

Statement

The International Planned Parenthood Federation (IPPF) is a non-governmental organization in General Consultative status with ECOSOC. We are both a service provider and an advocate of sexual and reproductive health and rights and their critical importance to development. We have 152 Member Associations active in 180 countries forming a worldwide movement of national organizations working with and for communities and individuals. We welcome consideration of "Population distribution, urbanization, internal migration and development" as the theme for the 41st session of the Commission on Population and Development.

Population distribution, urbanization, internal migration and development are all areas that impact upon the sexual and reproductive health and rights of urban and rural populations. It is timely, therefore, that the theme of this Commission on Population and Development coincides with the year in which the number of urban dwellers equals, for the first time in history, the number of people living in rural areas.[1] Projections suggest the world can expect the urban population to increase to 4.9 billion by 2050 from 3.2 billion in 2005.[2] It is estimated that ninety three per cent of this increase will occur in the developing world.[3] At present basic infrastructure and services in many developing countries are unable to keep pace with the process of urbanization.

"Urban growth, with associated poverty and unmet sexual and reproductive health needs, calls for an innovation in service delivery if we are to provide accessible services for all who desire them. Services must be sensitive to local needs, well-planned, have continuity of supplies, combat stigma and discrimination, incorporate monitoring and evaluation, and be sufficiently funded. The participation of service users, particularly young people and people living with HIV, should be actively encouraged. No one group will be able to achieve poverty reduction and respond to the challenges of urbanization on its own — the involvement of civil society and communities is essential."[4]

Urban growth is predominantly fuelled by natural population increase rather than migration. It is, therefore, incumbent upon policy-makers and governments alike to ensure long-term investment in sexual and reproductive health, family planning and the empowerment of women and girls as well as in addressing factors contributing to migration. There are many reasons for poor access to sexual and reproductive health care and services. These include: a lack of adequate distribution systems for reproductive health supplies in-country; under-resourced health and education systems; cost; a lack of

[1] See IX. Conclusion and recommendations, Point 75, United Nations Expert Group Meeting On Population Distribution, Urbanization, Internal Migration And Development, (14 January 2008), New York, UN/POP/EGM-URB/2008/01

[2] Commission on Population and Development, Background Release, POP/953, 5 April 2007, "CPD to focus on opportunities offered by world demographic shift' during 9-13 April 2007 meeting.

[3] See Remarks by Patricia Leidl, Media Advisor/Senior Editor, UNFPA at the Canadian Launch of UNFPA's State of the World Population Report 2007 at http://www.acpd.ca/acpd.cfm/en/section/unfpa2007/articleID/392 [accessed 22 January 2008]

[4] Dr. Gill Greer, Director General, IPPF speech at the 6th International Dialogue on Population and Sustainable Development, Berlin, Germany, 8 October 2007

sexual and reproductive health supplies; a lack of information on rights and services and a lack of prioritisation by governments, donors and the international community. The rising demand for sexual and reproductive health supplies is not being met — as is demonstrated by the rapid growth of urban populations.

Such population growth requires governments to commit to poverty reduction and sustainability initiatives. If not, governments will face an increase in the number and density of unplanned urban slums or 'informal settlements'. It is these areas that represent an increasingly high risk to health and are an environment in which women and young people are more vulnerable to violence, abuse and deaths associated with pregnancy and childbirth.[5]

Poverty is not only a cause of poor sexual and reproductive health but also a consequence.[6] Research indicates that women and girls are at higher risk in situations of rapid urbanisation and migration. Female migration to urban areas for employment purposes has increased for many reasons, including the high level of forced marriages in rural areas. However, it is often the case that migrant women seeking urban employment find themselves in "risky, poorly paid or dangerous jobs"[7] without support. Poverty in urban slums is a major factor that forces people into the sex industry. Young women and girls often have few opportunities for gaining meaningful employment or education, and are often forced into the sex industry to generate an income. Once involved in the sex industry the likelihood of becoming infected with an STI, including HIV, facing stigma and discrimination and suffering gender-based violence rises considerably.

The prevalence of HIV has been reported to be higher in urban than rural areas with young women and girls most susceptible to HIV infection. Priority should, therefore, be afforded to prevention, treatment and care services and voluntary counselling and testing in urban areas. Too frequently girls in heavily populated urban areas are at risk, both at school and travelling to and from their homes. Safe places such as youth centres need to be provided for young people. Similarly, education on sexual and reproductive health and rights and HIV and AIDS should be prioritized. Education plays a key role in the reduction of violence against women and girls, but large families usually have fewer resources to spend on each child, with girls more likely to suffer than their male counterparts.

One such example of our work to address access to sexual and reproductive health care and services for young vulnerable people as a direct consequence of poverty and urbanisation can be seen in the work of our Member Association in Burkina Faso (Association Burkinabé pour le Bien-Etre

[5] See UNICEF, HIV/AIDS and children, Prevention among young people, at http://www.unicef.org/aids/index_preventionyoung.html [accessed 23 January 2008]

[6] Marie Stopes International at http://www.mariestopes.org/documents/Developing%20a%20participatory%20poverty%20grading%20tool%20-%20%20overview.pdf [accessed 23 January 2008]

[7] Global IDP Project 2003 cited in 'Women and Migration, Susan Forbes Martin, for the Division on Advancement of Women, Consultative Meeting on "Migration and Mobility and how this movement affects women." Sweden (2003)

Familial). The objectives of the 'Reducing Vulnerability and Empowering Street Children'[8] project are to provide sexual and reproductive health information and services which meet the specific needs of street youth. Many of these are at high risk of, or are living with, unwanted pregnancies and sexually transmitted infections, including HIV/AIDS. Sexual abuse, physical violence and intimidation are a part of street children's daily lives and many rely on prostitution for their survival. Among girls in the 15 to 24 age group, HIV prevalence rates are five to eight times higher than that of boys. The major factors fuelling the epidemic in Burkina Faso are poverty, migration, rapid population growth, urbanization, and poor sexual and reproductive health education and services.

The "total number of urban slum dwellers — nearly one billion — is projected to double to two billion by 2025."[9] Half of these will be under the age of 25.[10] This highlights the need for investing in youth-friendly and youth-specific services — including sexual and reproductive health care services. Without investment, the spiral of poverty and ill-health will continue.

Migration has also had a major impact on urban growth, with many new migrants to urban areas being the rural poor. However, while urban areas do concentrate poverty in cities, these areas also represent an opportunity for the poor of escaping rural poverty. In order to ensure that the concentration of such large numbers of people in urban areas have access to basic services, increased investment by governments and donors alike is required in essential primary health care services. Such a rise in urban growth requires governments to put in place measures that address adequately the needs, including the sexual and reproductive health needs, of increased populations in urban areas.

Not all migration, however, is from rural to urban areas. Many people are economic migrants who relocate to areas where sources of income can be found. This also has an impact on the sexual and reproductive health and rights of 'mobile' populations. For example, in an initiative designed to stimulate much-needed economic development in South East Asia, the 'Bridge of Hope' involving the Lao People's Democratic Republic, Thailand and Viet Nam was built. The site, which saw the recruitment of thousands of construction workers, attracted a large number of sex workers. The lower Mekong region where the bridge was built is the epicentre of Asia's HIV/AIDS pandemic, and it was feared that the greater mobility of communities would play a huge role in further spreading HIV and other sexually transmitted infections (STIs). With others, the IPPF Member Association in Thailand (PPAT) worked to reach temporary workers and the local community, including sex workers, to provide them with information about HIV and STI prevention and testing.[11] At the end of the project, approximately 92 per cent of construction workers (approximately 3,500 workers) and 86 per cent of those in the target communities (approximately 144,000 persons) were reached. In addition, 19,031 people received reproductive health services from mobile medical units at the construction site and

[8] IPPF Project Proposal to the Korea Africa Fund 2006 re BURKINA FASO

[9] Payne, (2005) cited on The World Bank's 2005 International Urban Research Symposium at http://www.globalurban.org/GUDMag07Vol3Iss1/World%20Bank%20Editors.htm [accessed 22 January 2008]

[10] See Statement of the UNFPA Executive Director at the Launch of The State of World Population 2007 Report , 27 June 2007

[11] IPPF pamphlet (2005) Bridge of Hope, Linking community involvement and private sector partnerships with ODA to address HIV/AIDS awareness and prevention.

5,986 people received Voluntary Counselling and Testing.[12] This has since become a model for infrastructure projects by regional development banks and others and demonstrates the importance of integrating sexual and reproductive health and HIV prevention programmes into large-scale construction projects.

In addition to migration and urban population growth, an estimated 25 - 30 million people have become internally displaced as a result of conflict; political unrest and human rights abuses.[13] Internally Displaced Persons (IDPs) are forced to flee their homes as a result of man-made or natural disasters. Conflict is often a precursor to human rights abuses and gender based violence is known to increase during times of conflict. "Rape is a well-known instrument of war. And women and children are often exposed to sexual violence in crowded, unsafe camps for refugees or the displaced."[14] It is important, therefore, that IDPs have access to sexual and reproductive health care and services. Through its Member Associations, IPPF is working in partnership with governments and other agencies to provide comprehensive sexual and reproductive health care and services in IDP settings, yet much remains to be done.

Natural disasters also lead to the relocation of rural populations to urban areas. Such disasters often have their roots in environmental degradation and climate change. The increasing incidence and impact of such factors will undoubtedly lead to increased migration.

Access to sexual and reproductive health care services needs to be incorporated into urban planning by governments, donors and the international community. They also need to ensure long-term investment in sexual and reproductive health, family planning and the empowerment of women and girls in order to reduce the drivers of urbanisation and migration. It is important, therefore, to ensure that gender equality and human rights - through the provision and access to sexual and reproductive health and services - are mainstreamed into the debate on migration and development.

IPPF remains committed to working in partnership with communities, governments, other organizations and donors to meet these challenges.

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[12] Bridge of Hope: HIV Prevention for Temporary Construction Workers and Communities at the Second Mekong International Bridge on the Border of Lao PDR and Thailand, Final Report During July 2005 - December 2006 Submitted to ESEAOR, Japan Trust Fund Office and International Planned Parenthood Association (IPPF), Central Office (Co), London by The Planned Parenthood Association of Thailand (PPAT)

[13] 'Women and Migration, Susan Forbes Martin, for the Division on Advancement of Women, Consultative Meeting on "Migration and Mobility and how this movement affects women." Sweden (2003)

[14] UNICEF, HIV/AIDS and children, Prevention among young people, at http://www.unicef.org/aids/index_preventionyoung.html [accessed 23 January 2008]

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Statement submitted by World Youth Alliance, a non-governmental organization in consultative status with the Economic and Social Council

The Secretary-General has received the following statement, which is being circulated in accordance with paragraphs 36 and 37 of Economic and Social Council resolution 1996/31.

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Statement

We, young people of diverse ethnic, religious, cultural, and economic backgrounds, affirm that each person has inherent dignity. Recognition of this dignity is the basis for authentic development. Each person lives in community and therefore has the responsibility to contribute to society through the gift of self. We believe that the members of society contribute to or hinder development through their choices.

Authentic development is a process that takes place at all levels of society, creating a social, political, and economic environment that allows persons to reach their full physical, spiritual, mental, and emotional potential.

Basic necessities such as access to clean water, sanitation, and adequate healthcare promote a healthy population, which is essential to development. Responsible stewardship of natural resources allows a population to develop without compromising its well-being.

We believe that education is a foundational element of development. The goal of education must be to help people recognize their dignity and equip them with the necessary tools to exercise their potential. When every member of a population is aware of how their education contributes to development, they will be able to fulfill their responsibility in society.

The creativity of the human person is earth's greatest resource and a catalyst for development. Human creativity generates new ideas and alternatives for development. We assert that, although the human person's creative capacity is unlimited, it should never be implemented in ways that compromise the inherent dignity of every human person.

Each society has its own demographic structure with specific implications for development within that society. It is necessary for individuals, society, governments, and institutions to work in solidarity to foster the adequate conditions such as freedom, peace, and security that lead to development. It is not the density or composition of a population that determines the degree of development. A population which utilizes its creativity can overcome obstacles to development, including a lack of natural resources.

We invite persons at all levels of society to use their creativity, skills, and resources to provide opportunities and the necessary environment for authentic development.

Themes of the forty-first session of the Commission on Population and Development

We commend the international community for its continued efforts to improve the quality of life of persons around the world through the alleviation of poverty and the promotion of sustainable development. The solidarity of the international community in this effort is essential to its success. Relating to the particular theme of this year's session, Population Distribution, Urbanization and Internal Migration, the World Youth Alliance would like to place a particular emphasis on capacity-building. Development is driven by people; people committed to the betterment of themselves, their family, community and country. Therefore, investments in human capital through education, health

care and security and in social capital through support of good governance and subsidiarity are crucial for successful development.

Urban Population

As stated in the documents for the forty-first session of the Commission on Population and Development, increasing urbanization, particularly in less developed countries, poses unique challenges to municipalities, national governments and international development organizations. Creativity is required to develop policies that overcome these challenges and address the poverty and lack of opportunity that drive people from rural areas. In particular, the input and direction of migrants themselves is required since they best know their needs and the culturally appropriate responses. Governments and international programs directed at poverty alleviation in the urban and rural settings and the provision of basic services to new urban communities could benefit greatly from such partnerships with civil society. These partnerships are an important part of capacity-building and thus civic engagement and sustainable development.

Population Distribution and the Environment

The natural environment is greatly affected by urbanization and current world trends in internal migration. The large concentrations of air pollutants as well as solid wastes and wastewater produced in large cities have the potential to overwhelm the local natural environment. Management of these pollutants and protection of the natural environment is essential to protecting human dignity and to creating conditions for authentic development.

The World Youth Alliance encourages the international community to foster responsible stewardship of the natural environment as it manages changing population distributions. Each member of society must recognize his or her personal responsibility to be an effective steward of the natural environment that all of us share. Responsible stewardship is the personal commitment to care for both earth and neighbor. This commitment will build the capacity of communities to effectively manage and develop resources.

We place great value on our natural environment as a source of both physical sustenance and immeasurable beauty to be cared for with wisdom and temperance. Responsible stewardship recognizes the moral necessity of forming sound policy in order to preserve and enhance the riches of the natural world for future generations.

Development and Population

Changing age structures within the context of development are an important consideration in examining impacts of urbanization. The United Nations Population Division points out that aging is more rapid in urban areas due to lower fertility. At the same time, old-age dependency ratios have been reduced through the migration of relatively young people to urban centers. Over the long term however, these ratios will increase, given the international community's consistent efforts to reduce fertility, particularly in less developed countries where urbanization is occurring more rapidly.

In developing countries currently experiencing accelerated population aging and rapid urbanization, dependency ratios will increase significantly in a short time. Social wealth may not be sufficient to adequately support people who retire. Women in particular will be disproportionately affected by lack of social resources to manage increased old-age dependency ratios, given their greater number among persons over sixty years.

We encourage the Commission and the international community to reconsider their approach to the issue of population in light of emerging data, by focusing on capacity-building.

Capacity-Building

The World Youth Alliance is convinced that through creativity, innovation and hard work, people can overcome the current development challenges posed by rapid urbanization. Poverty, environmental degradation and increasing dependency ratios are not inevitable. Development programs that build human capacity will allow people to reach their individual potentials and to contribute their abilities to their communities and societies.

The World Youth Alliance encourages the international community to continually strive to ensure that aid is well directed; we propose that the best investment is in human capacity-building to bring about a just and sustainable society.

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Statement submitted by Population Action International, a non-governmental organization in consultative status with the Economic and Social Council

The Secretary-General has received the following statement, which is being circulated in accordance with paragraphs 36 and 37 of Economic and Social Council resolution 1996/31.

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Statement

Sexual and Reproductive Health in an Urban World

Today, more than half of the world's population – 3.3 billion people – live in urban areas, and one billion of these live in slums. By 2015, 3.9 billion people will live in cities. Then, as now, most of these people will live in developing countries.[1] Cities have great opportunities to provide for residents through economies of scale. Jobs, schools and health care facilities and practitioners are often concentrated in urban areas. However, the rate of urban growth often outstrips the ability of city governments to provide for all residents, especially in smaller cities (those under 500,000, where most urban dwellers reside) that lack urban planning capacity. In 1994, the Program of Action of the International Conference on Population and Development (ICPD) called for universal access to a package of basic reproductive health services, including family planning, and for specific measures to foster human development (with particular emphasis on women) by 2015. The Programme of Action addressed the prospect of an increasingly urban world (at that time 2.5 billion people lived in urban areas), by urging governments to increase the capacity of decision makers at the city level to "respond to the needs of all citizens, including urban squatters, for personal safety, basic infrastructure and services, to eliminate health and social problems… and to provide people with alternatives to living in areas prone to natural and man made disasters."[2] While cities have great potential to address many development issues, from education to poverty reduction to health, urban life also imposes unique threats. A far greater commitment to ICPD principles is needed to fulfill the promise of urban life.

While many migrants move to cities from rural areas each year, most urban growth results from natural increase, or births among those already residing in cities. This occurs even though fertility and desired family size are nearly always lower in urban than rural areas.[3] Furthermore, fertility rates are higher among poor urban women than wealthier women. It is therefore critical to ensure access to quality sexual and reproductive health care including family planning for *all* urban women and men, to help women meet their desire to space out and limit pregnancies, and to slow urban growth to manageable levels.

Reducing economic inequality is also a critical need in cities. The benefits of urban life are not equally distributed across income groups. While health indicators are often better for urban than rural populations, and indicators like infant mortality are often lower for the urban poor than the rural poor, the urban poor generally fare worse than their wealthier urban counterparts. In some cases the urban poor fare worse even than those in rural areas.[4] A recent study using demographic and health survey (DHS) data to examine health disparities in Nairobi found that while the overall child mortality rate in

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1 United Nations Human Settlements Programme. 2003. *The Challenge of Slums: Global Report on Human Settlements 2003.* Nairobi, Kenya.

2 United Nations. 1995. *Population and Development, vol 1: Programme of Action adopted at the International Conference on Population and Development: Cairo: 5-13 September 1994,* paragraph 9.14. New York: Department of Economic and Social Information and Policy Analysis, United Nations.

3 United Nations Human Settlements Programme. 2003. *The Challenge of Slums: Global Report on Human Settlements 2003.* Nairobi, Kenya.

4 Don Hinrichsen, Ruwaida Salem, and Richard Blackburn. 2002. "The Urban Poor." *Population Reports.* Volume XXX, Series M, Number 16.

Nairobi was half the rural rate, the child mortality rate in Nairobi's slums far exceeded the rural rate, as well as the rate for the country as a whole.[5] Similar disparities have also been observed in critical indicators of women's health such as maternal mortality, the unmet need for contraception, and attended births; far more research is needed for a clearer understanding of urban disparities in reproductive health.[6]

Young people under 25 make up half of the world's urban population. As for other groups, cities offer greater educational opportunities – school attendance is 26% higher among urban boys and 38% higher among urban girls than their rural counterparts. Yet while there are many economic opportunities in the city, unemployment is higher among young adults than in older groups, and it can be difficult for young people to find employment in the formal sector. Pervasive gender-based discrimination makes employment even more difficult for young women, for whom poverty increases the risk of sexual exploitation and violence, endangering them and their sexual and reproductive health, and increasing their risk of unintended pregnancy, STIs and HIV.[7]

The global population shift from rural to urban is not likely to be reversed, and cities offer great promise in meeting the challenges of global human development in many areas, including health and education. Ensuring that these opportunities are available to all the world's urban dwellers requires gender-sensitive city planning, and development strategies different from those used to reach the rural poor, which are the focus of poverty reduction strategies in many countries. In addition to upholding the rights of all citizens, it is important that policymakers maintain focus on issues affecting women's well being, including legal rights, education, safety from violence, access to credit, safe and legal housing, safe water and sanitation services, and critically, to sexual and reproductive health. This requires the ongoing commitment of financial resources for the ICPD goals, and investment in quality, accessible health care and health education for all urban residents, particularly the poor, new urban migrants, and women, without neglecting health services in rural areas.

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5 Mark Montgomery and Paul Hewett. 2005. "Urban Poverty and Health in Developing Countries: Household and Neighborhood Effects." *Demography*. Vol. 42(3):397-425.

6 Montgomery, Mark. 2004. The Place of the Urban Poor in the Cairo Programme of Action and the Millennium Development Goals. New York: Paper Presented at the Seminar on the Relevance of Population Aspects for the Achievement of the Millennium Development Goals, New York, 17-19 November 2004. http://www.un.org/esa/population/publications/PopAspectsMDG/23_Montgomery.pdf, last accessed January 22, 2008.

7 UNFPA. 2007. *Growing up Urban: State of World Population 2007 Youth Supplement*. New York NY.